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ABSTRACT

Critical annotations of articles written in 1988 or 1989 and selected from "PSYCHSCAN: Clinical Psychology" are presented in this document. The annotations were written by college students in an undergraduate adolescent psychology class. The annotations are clustered under the following topics: (1) academics, including learning disabilities, sleep disturbances, restructuring middle schools, gender differences, and computers; (2) developmental issues, including coping skills, social relationships, effects of marital transitions, health care, and mental development; (3) psychopathology and assessment, including antisocial behavior, bulimia, depression, and attention deficit hyperactivity disorder; (4) sexual behavior and teenage pregnancy; (5) substance abuse; and (6) suicide, including etiology and prevention. Many of the annotations compare the article to material from the students' textbook. Thirty-five annotations are included. Each section has a brief summary of the issues surrounding the topic and general conclusions of the students. (ABL)

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Student reviews of selected current articles in adolescent psychology: Academics, developmental issues, psychopathology, sexual behavior, substance abuse, and suicide

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What follows is a collection of articles selected from the PSYCHSCAN: Clinical Psychology which were written between 1988 and 1989 and pertain to current adolescent topics. Each article has been summarized by a student enrolled in PSY 432: Adolescent Psychology at Georgia College in Milledgeville Georgia during the second summer session of 1989. Students selected articles contained in our library that were of particular interest to them. Views expressed in each of the articles are not necessarily those of the editors or of Georgia College.

The articles cover many timely issues in adolescent psychology and are clustered under the following topics: academics, developmental issues, psychopathology, sexual behavior, substance abuse, and suicide. Many students chose to compare what they had read to their text for the course (Atwater, 1988).

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ACADEMIC CONCERNS AND LEARNING DISABILITIES

The following articles deal with many aspects of the academic realm. These include the learning disabilities, sleep disturbances and worries, restructuring middle grade schools, gender differences, and computers. Each of these topics is of great importance and concern to todays educators as well as to the student authors. The articles within this section are well-written, deal effectively with each issue, and offer helpful suggestions and opinions for resolution. It is apparent throughout, however, that indepth and quality research is necessary to deal effectively with the problems of the educational system.

Chalfant, J.C., (1989). Learning disabilities: Policy issues and promising approaches, American Psychologist, 44(2). 392-398

The growing concern at national, state, and local levels about the continuing increase of students being labeled as learning disabled has prompted this author to examine ways to correct this problem. Several promising strategies are discussed. The Regular Education Initiative, which proposes to put the students with handicaps and learning disabilities in a regular classroom adapted to their needs, seems to be causing the most heated debates. Although the most promising of the new strategies, it has yet to be thoroughly researched. This proposed idea as well as others has caused much debate among professionals in the field of special education. The differing opinions between teachers, administrators, and politicians as to how to reduce the number of learning disabled children is especially prevalent in this article.

My theory, supported by this article, is that until a clearer definition of the term 'learning disabled' is given, it is the children who will continue to suffer. Instead of having all of these various groups doing research on this subject they should pull together and work toward an answer together. The kids deserve better and our society expects better from the school systems. Developing programs to cater to the various learning disabilities of children is not easy, but the key is for the professionals involved to work together. -David Floyd

Dollinger, S.J., Horn, J.L., & Boarini, D., (1988). Disturbed sleep and worries among learning disabled adolescents, American Journal of Orthopsychiatry, 58, 428-434

Disturbed sleep and worries among adolescents was the topic of study for the Louisville Fear Survey for Children (LFSC). As shown in one particular study of adolescents whose classmate was struck by lightning during a soccer game, disturbed sleep and worries interacted with various parts of the accident. Another study took place at a boarding school. Forty-one caucasian learning disabled students, between the ages of fourteen and seventeen, were asked to participate in this study. (28 male and 13 female) The Missouri Children's Behavior Checklist Sleep Disturbance Scale was the assessment used. Dying, unable to breath, and death in the family were the top three choices chosen in this survey. This was consistent with previous studies. Females reported more fear than males. Parental studies of this particular group of students, showed that "making mistakes" was the number one sleep worry among parents. Learning disabled students showed low self esteem in social settings as well as embarrassment due to academic failures. The results of these studies correlate current emotions of these adolescents to their sleep patterns.

Parents and adolescents with disturbed sleep and worries had the common social fear of being alone. It would be interesting to see more research done on

personality correlates to sleep disorders and worries among adolescents. Does constant shyness occur among those learning disabled adolescents who have worries of meeting people of the opposite sex? Many learning disabled adolescents have low self esteem due to the fact that they are separated in the classroom from "normal" adolescents. Not only are these learning disabled adolescents separated academically, but they appear inferior because of these disturbed sleep and worries. -Donna Winkley

Hyde, J. S. & Linn, M. C. (1988). Gender-differences in verbal ability: A meta-analysis. Psychological Bulletin. 145(1), 53-59

The existence of differences in verbal ability had often been thought of as a "fact" of psychology for many years. The gender difference becomes apparent around the age of 11. The review was conducted of 85 different studies of the analysis of gender difference. Meta-Analysis can be defined as using quantitative methods to combine evidence from different studies to make more accurate assessments. The goal of this article was to answer the following question: What is the magnitude of gender differences in verbal ability? Information from 165 studies, consisting of 1,418,899 subjects was used. The results showed that there was a small shift towards males, as to greater verbal ability. The shift was largely due to a single study (Racist and Arbeiter) providing data from the 1985 SAT test. With this study deleted the shift moved back to female dominance, the weighted mean value was +0.11. The gender difference of one tenth of a standard deviation is thus too small to be considered relevant.

In my opinion the gender difference between males and females is too small to be considered a psychological "fact". The different methods used by the authors demonstrate that the gender difference is often greater in certain areas such as speech production, with females .33 in favor. In contrast, males exceed females

in other areas such as talking time. I feel that the authors do a very good job of breaking down the information, and providing that gender differences between males and females are to small to be considered relevant. I also agree with their opinion; that many older text books should be re-written without a differentiation between male and female verbal ability. -Donald Faith

Jackson, A. W., Hornbeck, D. W. (1989). Educating young adolescents: Why we must restructure middle grade schools. American Psychologist. 44(5), 831-836.

The need for change in middle grade schools, according to this article, is long overdue. Justifications for this need are discussed as follows:

1. Whereas job growth in the U.S. market concentrates on occupations that require far more than basic literacy, "higher order thinking" abilities are more necessary to sustain a competitive position within the economy. A survey of learning in schools among 8th graders provides evidence that adolescent's thinking abilities are severely underdeveloped, creating a serious educational challenge.

2. Because the characteristics of America's children are changing, the needs of low income and minority adolescents require more emphasis.

3. Adequate support is necessary not only to help young people meet the unique challenges of early adolescence, but to also prevent negative consequences from the impersonal transition to middle or junior high schools.

4. Due to increased peer pressure, behavioral problems such as increased sexual activity, smoking, drinking, illicit drug use, and delinquency are interrelated among adolescents; as these problems are accompanied by poor school achievement, prevention and intervention efforts are essential at the beginning of the adolescent years. In conclusion, this article states that the goals of middle grade education must be to produce thinking, productive, caring and

healthy youth, while fundamental changes in the organization, curriculum, and methods of instruction are necessary.

The facts presented in this article were enlightening, as well as discouraging. It is my opinion that middle grade levels are ''largely ignored" in respect to the educational and emotional needs of adolescents. The article did not explore the possible shortage or lack of teachers becoming more prevalent today for these grades. It seems teachers are not choosing to enter the middle grades as readily as they would high school levels and early childhood education, in all probability due to the lack of discipline and other problems centered around the young adolescent. However, from the increased exposure of specific areas within the local middle school system, it is reassuring that the adolescent students are receiving at least some attention, albeit controversial. The article did mention a report on restructuring the education of young adolescents from Carnegie Council's Task Force to have been released this past June. It is intended to "capture public attention and generate widespread discussions about the future of middle grade schools." It is my hope that society will become aware of the problems that currently exist and support recommendations to enhance adolescent's educational experiences and expectations. -Kathleen J. Smith

Lepper. M. R. & Gurtner, J. (1989). Children and computers: Approaching the twenty first century. American Psychologist. 44(2), 170-178.

Critiques for and against the use of computers to facilitate learning in the educational system of the twenty first century are contained in this article. The use of computers can revolutionize learning, or through its use the learning process could suffer the loss of critical interactions which dehumanize the classroom. According to those who want to use computers in teaching children, the potential benefits are almost unlimited. With computers children can have unlimited access to information. Computers can simulate learning that would

otherwise be unavailable. Computer advocates believe this would solve the problem of poorly motivated children. However, there are those who fear computers will dehumanize, restructure, and narrow the curricula of education. The aspect of human interactions, teacher-student and student-student will be lost from the classroom. More variances in the learning experience would occur among peer groups causing social inequalities.

The authors put forth both points of view and presented support for using computers after all the pros and cons are researched. They cite a lack of systematic empirical research in this area partly because of the rapid growth of the computer industry. They cited studies of computer assisted instruction which supports that computers are a positive educational tool for tutoring remedial learners and young children. The sources for the negative viewpoint have no empirical supportive research. I am in favor of computers because I think it will broaden individual learning. -Adolphus Collins

Linney, J. A. & Seidman, E. (1989). The future of schooling. American Psychologist. 44(2), 336-340.

A review is presented here of the recent literature which focuses on the importance of schooling and how certain variables within school systems, such as teacher effectiveness, school size, school transitions, and classroom structure affect student participation and achievement. The literature cited supports the view that what the teacher does in the classroom (effective management) as opposed to how the teacher acts, and what the teacher's expectations of students is directly related to student achievement. In reference to school size, the authors propose restructuring large schools - where there tends to be less involvement and greater alienation among students into smaller schools, where students have a greater chance of involvement and increased self-esteem. Smaller schools would also increase additional "behavior settings" or niches where

students can develop a sense of belonging and decrease the chances of dropping out of school. The authors also show the negative aspects school transitions have on self-esteem and dropout rates. For the improvement of classroom structure, the authors propose the use of cooperative learning, whereby students share the responsibility for solving academic tasks and preparing reports. Such a program promotes peer interaction instead of "targeting" individuals.

This is an excellent article which targets the heart of some of the problems which are plaguing the American school system. The literature cited in the article, which discusses the role of schooling in relation to achievement, dropout rates, and delinquency, directly supports the findings in Atwater (1988). I am impressed by the realistic solutions the authors provide to help improve some of these problems that keep in sight the student's "intertwined" needs of academic and social development. Oftentimes, many solutions offered up are either impractical or are impossible to implement effectively, or they entirely ignore many of the student's non-academic needs. I think that some of the ideas here could be effective and could be relatively easy to implement.

-Rachel Grubbs

DEVELOPMENTAL ISSUES

Development of a healthy and productive adult relies on a variety of factors during an individual's lifespan. These articles mention a few of the many issues that affect a person's development. These issues include coping strategies an individual uses for stressful events, his or her social relationships, effects of marital transitions, health care, and mental development. Of the articles presented in this section, all confirm the findings students learned and studied in Atwater (1988). As much as researchers attempt to measure the individual outcomes of such indicators, they must not overlook the combined effects of such important factors on today's youth.

Campas, B.E., Malcarne, L.& Fondacaro, K.M., (1988). Coping with stressful events in older children and young adolescents, Journal of Consulting & Clinical Psychology. 56 (3), 405 411.

A focus on emotional and behavioral problems of adolescents, and the coping strategies used by them during stressful events is the principle concern of this article. One hundred and thirty children, ages 10-14 were asked to complete the Child Behavior Checklist and the Youth Self Report. The group was 98% white, 81% were from two-parent families with both parents finishing high school, and all the children were enrolled in a rural, northern New England school. All responses were classified as either problem-focused coping strategies (effort to change source of stress) or emotional-focused coping strategies (effort to regulate emotions), with the problems being both academic and personal. A problem-focused response to each problem might be,"studied more," or, "talked things over with person involved," While an emotional-focused response might be, "calmed myself

down," or, "yelled at the other person." The findings indicated that problem-focused and emotional-focused strategies are both used in response to both academic and personal problems; however, the use of emotional-focused strategies increased from the sixth to eighth grades, while problem-focused coping remained consistent. There were no significant differences in coping strategies used by boys and girls, although girls did use more emotion-focused coping with academic problems. Some support was found for the idea that children matched their coping strategy to fit their assessment of their own control over the stressful event, such as having some control over academic problems. A final result indicated that coping appears to be a protective factor for children of this age group when they must deal with emotional and behavioral problems.

This study appears to be quite thorough in its effort to look at coping strategies of older children and adolescents. The idea that emotion-based strategies increased from sixth to eighth grades certainly correlates with the emotional upheaval that is so typical of children at this stage of development. As far as a child matching their coping strategy to fit his idea of control of a situation, I feel that all people, young and old, do this; however, children are sometimes too anxious and make hasty, incorrect assessments of situations, therefore sometimes use the wrong strategy. I would also be quite interested in seeing a another study done on a low socioeconomic group of children to compare differences and similarities in coping strategies. -Barbara Hester

Hartup, W. W. (1989). Social relationships and their developmental significance. American Psychologist. 44 (2), 120-126.

The impact of relationships in respect to the socialization and the development of children is the central theme of this article. Two types of relationships discussed are vertical and horizontal . The mother-child bond, an example of a vertical relationship, is an attachment to someone in a higher

position than the child. Parents help children to form language skills and to develop a recognition of self and others at a very early age. Children who are secure in their relationship with their parents adapt much better socially than avoidant children. Friendships with peers would be a horizontal relationship. Children with strong friendships tend to be more cooperative and willing to share than the "socially rejected" child. They develop a higher level of self-esteem and become more prepared for managing conflicts. Both vertical and horizontal relationships work together to build a socially secure and emotionally well developed child.

I feel that social relationships are indeed very important in the basic development of a child. The author points out not only the characteristics that go along with stable relationships but also some for the "socially rejected". Children with avoidant mothers tend to be slower learners and more dependent on teachers. They also have more trouble with friendships later which puts them at a social disadvantage. From past experiences, I have found that the "rejected child" has trouble forming close relationships because trust and communication were not taught at the earliest levels. They tend to be more aggressive and disruptive. I believe a strong relationship with parents definitely affects a child's future relationships as well as self-esteem, future motives, and goals. This article successfully traces a healthy development to healthy cohesive relationships early in life.

-Kelli Cobb

Hetherington, E.M., Stanley-Hagan, M., & Anderson, E.R. (1989). Children's responses to marital transitions. American Psychologist. 44(2), 303-312.

Here is a compilation of studies and subsequent conclusions of the authors relating to specific areas of children's responses to marital transitions. These transitions include divorce, living in single-parent family homes, and remarriage. According to the authors, divorce and remarriage should not be

viewed as single events but as part of a series of transitions changing the lives and development of children. The authors pointed out that many factors determine how a child will respond to the restructuring of the household which occurs following divorce or remarriage and the changes in family roles as each transition is made. The most commonly reported problem behaviors include aggressiveness, noncompliance, and acting-out behaviors; decreased prosocial behavior; problems in academic achievement and school adjustment; and disruptions in peer and heterosexual relations. Children respond positively in single-parent and stepparent structures as well as in intact families if the parent or parents offer positive input to the children. Factors affecting the child's responses include the child's temperament and personality, developmental status, and sex. For example, a temperamentally difficult child may be less adaptable to change and more vulnerable to adversity than are temperamentally easy children. A child's life experience following family transitions also contains many variables according to the authors. These variables include economics of the household, interpersonal relationships, changes in family relationships, and support systems available. For example, a physically ill, emotionally disturbed, or preoccupied parent and a demanding, noncompliant, aggressive child may have difficulty giving each other support, thus magnifying each other's problems.

I found that the article paralleled Atwater (1988) very well while providing more detailed information. The authors detailed well the many complex issues involved in marital transitions. They acknowledged all aspects of the transitions affecting children's responses, including the wide variety of living arrangements and changes in personalities and attitudes in the adults involved in the transitions The authors are also quick to point out those areas which need further study, such as quality of sibling relationships during their experience in a single-parent household. One point which was brought out in the article but not in Atwater (1988) was the change in personality of the custodial parent

following divorce. The importance of these psychological, emotional, and physical changes in the adult is that when they need stability most, children are living with an "altered" parent in a rapidly changing life situation. I found interesting the section relating to the single-parent mother living with her parents and its possible effects on children. Although the article offered good insight to the factors affecting children in marital transitions, I do not think it spent enough time on the actual responses of the children in many of the given situations as implied in the title. -Donna H. Reynolds

Millstein, S. G. (1989). Adolescent health: Challenges for behavioral scientist. American Psychologist. 44(5), 837-842.

There is a need to conduct more research on adolescent health by behavioral scientists. Today there has been a greater concern with the health of adolescents. The main causes of deaths among adolescents have to do with social and behavioral factors. Adolescent pregnancy, sexually transmitted diseases among adolescents, and alcohol and drug intake are few high rate causes of morbidity. Society today has increased the need for more intense research to be done on the health of adolescents. Because of the increase in youth population, the health status will eventually get worse in years to come. Many studies show that youths in mid-adolescence received little or no health care when they need it most. Organizations of health care services now have a variety of models for the difficulties adolescents might have. These models help categorize the multiple problems among adolescent health. Behavioral scientists are presenting different features in understanding adolescent health.They are basic and applied research, the design and implementation of primary and secondary interviews, and adolescent health policy. Today there are still many questions asked about adolescent health and more research to be done.

I am now aware of the increasing seriousness of adolescent health problems today. A few questions are still unanswered on this topic: What effects does puberty have on psychosocial development and behavior? What is the meaning and natural history of adolescent risk taking? What is needed for data on health-promoting as well as health-damaging behaviors? Data explaining adolescent health should be broken down further and more in terms of race, sex, gender, and age. I feel that more research needs to be done by behavioral scientists to better understand the health of adolescents. -Paige Snyder

Raphael, D. (1988). High school conceptual level as an indicator of young adult adjustment. Journal of Personality Assessment. 52(4), 679-690.

This was a study performed on 100 high school senior girls in Southern Ontario. The author collected the conceptual level and the intelligence of each girl in the initial grade 12 study, ascertaining the conceptual level by the scoring of subject's responses to the six item stems of the paragraph completion test, and measured intelligence by the Wonderlic Personnel Test. Three years later, he mailed the women questionnaires inquiring into present occupational status, personal adjustment, life satisfaction, and plans for the future. Ninety of the original 100 completed the questionnaire. Raphael controlled one variable while testing for the other, so conceptual level and intelligence were looked at separately. The results showed that high conceptual level scores indicated lower levels of anxiety, depression, hostility, and personal problems. High intelligence scores were related to higher aspirations and to higher student status, but also reports of higher depression.

The results lead to some interesting questions. Do females with high conceptual levels also have higher cognitive functions and does this lead to independence and social maturity? Why do the low conceptual level females have trouble in their transition to adulthood and how long does this last? The

problems I had with this study dealt mostly with the way the author conducted this study. A major criticism is in the mailing of questionnaires. When you mail the questionnaire, standardization is lost and it also lowers the value of the obtained results. He also did not look into the interaction of the two variables. Are girls that have high scores in one variable, high in the other? Considering that depression levels are opposite in the higher scores, this is an important question. I also question the authors use of only one gender. Does conceptual level play an important part in the transition for males? Overall, however, this study could lead into useful information on identifying the at-risk adolescents in this area. -Troy Edwards

Werner, E. (1989) High risk children in young adulthood: A longitudinal study from birth to 32 years. American Journal of Orthopsychiatry. 59(1), 72-81

A longitudinal study was conducted on 698 infants born in 1955 on the island of Kaui, Hawaii. It monitored the impact on development of a variety of biological and psychological risk factors, stressful life events, and protective factors in childhood, adolescence and young adulthood. This study documented the course of the pregnancies and their outcomes until the offspring reached adulthood and assessed the long-term consequences of prenatal complications and adverse early rearing conditions. Only one third of the infants were "at risk" because they had experienced prenatal stress, were born into poverty, or had a bad family environment. Two out of three of these at-risk children developed serious learning problems, had delinquency problems, mental health problems, or teenage pregnancy by age 18. One out of every three of the 72 (30 males and 42 females) developed into competent, confident, and caring adults. The impact of risk and protective factors changed at various life stages. It was found that the males displayed greater vulnerability than females in their first decade and less during their second, but another shift seems to be appearing at the

beginning of their fourth decade. The researcher claims that in order to shift the client from vulnerability to resilience, one must intervene and decrease exposure to stress related health risks or increase the number of protective factors.

I agree with the researcher's opinion about intervention, but how does one go about intervening? Exposure to stress related health risks or life events such as alcoholism or psychopathology can be decreased but exposure to divorce cannot. Maybe an explanation about these things or some sort of emotional support outside the home would be more appropriate. Longitudinal studies such as this can help us find ways to help at-risk children grow into competent adults.

Brenda McLeroy

PSYCHOPATHOLOGY AND ASSESSMENT: ANTISOCIAL BEHAVIOR, BULIMIA, DEPRESSION and ATTENTION DEFICIT HYPERACTIVITY DISORDER

It is in this area that research and treatment is so scant. Throughout this section the student authors report disappointment with the way the studies were conducted or the type of treatment recommended. For example, criticism is made of using the MMPI adult scale in evaluating adolescents, attention-deficit children appear "pigeon-holed" for problems, and treatment studies of depression among adolescents are limited. A common downfall of the articles within this section is that they rely too heavily upon self-report questionnaires and not enough upon environmental issues.

Archer, R., Gordon, R. A., Giannetti, R. A. & Singles, J. M. (1988). MMPI scale clinical correlates for adolescent inpatients. Journal of Personality Assessment. 52 (4), 707-721.

This was a study performed on a sample of 112 adolescent inpatients (53 girls and 59 boys) admitted for psychiatric treatment at a medical school teaching hospital. The patients were administered the MMPI along with a symptom checklist. A parent of each adolescent was given a behavior problem checklist. These tests were used to generate a wide variety of clinical descriptors. Ratings were also collected from nursing staff members and the psychotherapist assigned to each individual. The purpose of this analysis was to determine if the results gathered from the MMPI testing on the adolescents correlated with the adult code types identified in the literature. It was found that although the expected normative findings between adults and adolescents are clearly different, the correlates between the two groups were also similar. The authors believed

that continued research will eventually verify more similarities than differences between the two groups.

I found this study to be well thought out, with many different descriptors employed to obtain a very global overview of the adolescents being studied. Several different statistical tests were employed to verify statistical significance in the findings. However, as the authors pointed out, the size of the high point groups were very limited, with one group just meeting the minimum specified size to have any statistical meaning. Repeated studies on larger sample sizes are clearly needed to verify the findings. In addition, the study was done on inpatients consisting of mostly white, middle class adolescents which would tend to skew the results greatly. A wider cross section of the ethnic and socioeconomic groups needs to be studied to validate the author's findings.

-Philip Nelms

Patterson, G.R., DeBaryshe, B.D., & Ramsey, D., (1989). A developmental perspective on antisocial behavior, American Psychologist, 44, 329-335.

Antisocial behavior is presented in a developmental model postulating a child's behavior at one stage of growth leads to predictable reactions from the environment in the following stage. This sets up a cycle of further reactions from the child, and each step in this action-reaction sequence puts the child at greater risk of long-term maladjustment and delinquent behavior. Factors precipitating antisocial behavior in children and adolescents include harsh and inconsistent discipline, little positive parental involvement, and poor supervision and monitoring of the child's activities. Two general interpretations are presented. The first, control theory, states that harsh discipline and lack of parental supervision disrupts parent-child bonding, which leaves the child lacking in internal control. The opposing social-interactional perspective states that the family members train the child to perform antisocial

behavior by inept parenting practices in which coercive behavior is reinforced. This results in deviant behaviors that include school dropout, uneven employment history, substance abuse, marital difficulties, and institutionalization. The developmental progression for antisocial behavior presented essentially proposes poor parental modeling yields child conduct problems, which leads to a rejection by normal peers and academic failure, resulting in a commitment to a deviant peer group and ultimately delinquency.

There is one area which I felt warranted more attention for a study with the implications of this one, however. Any article concerning the behavior of children and adolescents could easily justify a section dealing with the ramifications for educators. The point was presented that intervention was possible for preadolescents, but offered no delineation of steps educators might take in this intervention. The article also stated that academic failure is an outcome of antisocial behavior, but once again offered no advice on how to best deal with these problems as they arise, leading me to feel that this was dealt with inadequately. -Jeff Waller

Drewnowski, A., Yee, D. K. , & Krahn, D. D. (1988). Bulimia in college women: Incidence and recovery rates. American Journal of Psychiatry. 145(6) , 753-755.

A longitudinal study (fall & spring surveys) to determine the incidence of bulimia nervosa among female students during the freshman year was conducted. Of 2,222 freshman women living in residence halls, 931 responded to the fall survey. When the questionnaire was sent to these same 931 females in the spring, only 599 responded. Based on the classification of bulimia - binge eating more than once a week during the previous month, fasting, using laxatives, inducing vomiting during the preceding month, and fear of losing control during a binge - 27 of the fall respondents and 20 of the spring respondents were considered bulimic; 18 of

the 27 bulimic females from the fall survey were identified in the spring with 8 being chronic cases and 10 in partial remission; 12 new cases of bulimia nervosa were found among the 20 bulimic respondents of the spring survey.

The basic conclusion of this study is that bulimic behaviors are more prevalent than the clinically significant bulimia nervosa set by the DSM-III-R criteria. However, 10% of all women in the fall survey reported binge eating more than once a week but were not considered bulimic due to the more stringent DSM-III-R criteria. At the same time, 12 new cases of bulimia surfaced in the spring from females who had exhibited extensive bulimic behaviors in the fall. While bulimic behaviors may be long-lasting (predating and continuing after recovery) I feel more emphasis should be focused upon adjusting the criteria of the DSM-III-R and preventive therapies for the females exhibiting such self-defeating behaviors. It is hard to accept the statement that the incidence of bulimia nervosa was 4.2 cases per 100 women per year when the prevalence rate remained stable; new cases were offset by partial remissions. It should be noted that the frequency of binge eating was assessed over a period of one month rather than the three months specified by DSM-III-R. Only a minority of bulimic college women sought professional help for an eating disorder during their first six months on campus and reported improvement occurred largely in the absence of professional intervention. This may be attributed to the unreliability of the mailed surveys. Basing results upon a respondents honesty and truthfulness as well as the decreased number of respondents from fall to spring is a major downfall of this study especially with a disorder so firmly entrenched in denial. In my opinion, this study was difficult to comprehend, poorly administered, and revealed few significant results.

-Amanda Sirmans

Forehand, R., Brody, G., Slotkin, J., Fauber, R., McCombs, A. & Long, N. (1988). Young adolescent and maternal depression: Assessment, interrelations and family predictors. Journal of Consulting and Clinical Psychology. 56(3),422-426.

This is an article based on a study of young adolescent and maternal depression. Sixty-nine white adolescents between the ages of eleven and fourteen and their mothers. Depression was measured through the use of the CDI (Children's Depression Inventory), the BDI (Beck Depression Inventory), and observational ratings. Subjects were brought in, presented questionnaires, and videotaped discussing the issue. Subjects returned one year later and the procedures were repeated. The study examined three aspects: (a) self-report and interview measure of depression, (b) relationship between maternal and adolescent depression, (c) potential predictors of maternal and adolescent depression. The results showed that the adolescent's gender had no significant effect on any of the measures of depression. No relation was evident between the self-report depression ratings and the behavioral ratings of the mothers and adolescents. Whereas, marital conflict increases maternal depression, the affect it has on the adolescent is through the parent-child relationship, according to the study.

Although I found this article interesting, I do not agree completely with the findings of the study. I regarded the article as saying that maternal depression had no affect on adolescent depression and that marital conflict nor maternal depression had a direct effect on the adolescent. I do not agree with this assumption and it is in conflict with what the book says. Atwater (1988) states that emotional turbulence and dissension in the home have a harmful effect on the adolescents emotional and psychological development. Also in the discussion of the affects on the family when mothers work outside of the home, Atwater (1988) states that both the mother's attitude and marital happiness affects the family.

I think more study should be done on the subject of maternal and adolescent depression.

-Laura Snow

Henker, B. & Whalen, C.K. (1989). Hyperactivity and attention deficits. American Psychologist. 44 (2), 216-223.

Hyperactivity is characterized by children having trouble getting things done at home and school and trouble getting along with adults and other children. There is usually no obvious explanation for these troubles. The child has no marked intellectual deficits, thought disorders, or emotional disturbances that would serve as an explanation. It is found that these children are usually rejected by their peers and are the hub of disruption. The DSM-III-R diagnosis of these children Attention-deficit Hyperactive Disorder (ADHD) has several related hypotheses. These children are hypothesized to process social information inadequately. They lack age-appropriate interpersonal skills and ADHD children are hypothesized to be guided by atypical social agendas and goals that are considered unsuitable.

It has been believed that hyperactivity vanished with puberty, this has now been challenged. Research indicates these children may continue to have problems throughout their lives. For many, adulthood may bring above average rates of job changes, traffic accidents, marital disruptions, and legal infractions. The most common long-term problems are antisocial activity, conduct disorders, and substance abuse. Approximately half of ADHD children seem to function quite well as adults.

The main treatment for ADHD is Ritalin. This medication tends to decrease in demanding, disruptive, noncompliant behaviors. Ritalin also may decrease social activity which may increase the child's opportunities to observe and learn from appropriate social exchanges. Stimulants effects on academic achievement remains

controversial. Its has been shown to significantly improve achievement by 40% in math accuracy and 35% in efficiency. Counseling and psychotherapy have had some success in improving ADHD children. Although when a drug trial is successful, the temptation to rely exclusively on medication is great.

The topic of this article still needs much more investigation. The long term effects need to be looked into further. ADHD adults are reluctant to participate in continued studies so this hinders further development in that area. In drug therapy it may be wise to put ADHD children in new classrooms so they will have opportunities to try on new behaviors among unbiased peers. In drug therapy alone, there appear to be no long term improvements. A combination of drug and counseling therapies may need to be recommended more often. Stimulant therapy only last four to five hours; there needs to be systematic studies to look at the way drugs do and do not enhance psychoeducational and psychosocial interventions. There needs to be more research into the developmental ways in which patterns of disruptive and inattentive behavior transform. -Nancy L. Windham

Hillard, J. R., Slomowetz, M. & Deddens, J. (1988). Determinants of emergency psychiatric admission for adolescents and adults. American Journal of Psychiatry. 145(11), 1416-1419.

In the past 20 years the rate of adolescent admission for emergency psychiatric care has increased. Between 1970 and 1980, the admission of adolescents, ages 10 to 14, into private psychiatric hospitals has tripled. During that same time period, admission for adolescents, 15 to 17 years of age has doubled. The alarming increase has led the authors to question the appropriateness of the admission of adolescents who seek emergency psychiatric care as well as the determinants of the admission. In order for the authors to explore the appropriateness of these admissions, a correlation of variables in relation to the admission of 100 patients under the age of 18 as well as 100

patients over the age of 18 was examined. The study indicated that the number one determinant for admission of adolescents for psychiatric care was suicidal tendencies; followed by physical abuse, a primary diagnosis of schizophrenia, and number of suicidal attempts. The determinants for adults were delusions, aggressive behavior, suicidal tendencies, and a primary diagnosis of schizophrenia or affective disorder. The correlation of the variables with the admission indicated that the emergency service visits for both, the adult and the adolescent, were equally likely to result in hospitalization; however, little support was gained as to the appropriateness of the adolescents admission. The study also indicated that further study of adolescent behavior is required in order to support their questions.

Considering all the information that I have learned this quarter, I was able to conclude that the study had omitted several areas which need to be examined including adolescent developmental stages, family structure as well as history, and the environment in which the adolescent has been raised. I also found that the study failed to list the age specifics of the 100 adolescent patients that were studied. This omission further strengthened my belief that the adolescent's developmental stages were of no value to the authors. If these variables were also correlated with the admission of adolescents to private psychiatric care, the authors might come closer to finding an answer to their question as to the appropriateness of psychiatric care for adolescents. -Susan Karns

Kovacs, M. (1989). Affective disorders in children and adolescents. American Psychologist 44(2). 209-215.

The focus of this article was on depression since this is the area where most of the work has been done. A summary of trends in the three following areas is noted: psychiatric and diagnostic studies; hypothesis testing and causal-explanation studies; and developmental psychopathology approaches. The research

findings and problems are discussed as well as possible directions these studies may ensue.

The psychiatric studies show that major and minor disorders are identifiable and are more impairing than previously believed. Many adolescents respond to antidepressant medication. However, the medical model is criticized for placing too much emphasis on biological and predispositional factors at the expense of other methods of recovery as well as psychosocial factors. which may affect this disorder.

In the hypothesis testing studies, an emphasis is placed on social performances and skills abilities. There appears to be a significant relationship between depression and low self-image. These studies show that positive responses are achieved with behavioral strategies.

The developmental psychopathology approaches focus on research in the realm of disrupting the development of age appropriate competencies. It appears that development is slowed down, however, the effects of puberty on depression cannot be verified. The research problems of all three areas are discussed and all seem to have similar problems. The studies were limited because of sample size which posed the problem of low representation. This may be due to the low prevalence rate among preadults.

In our society it appears that there is probable cause for concern in this area. It appears that research is very limited; there must be a higher ratio of depressed preadults simply because we are constantly barraged with advertisements "calling in" these children. Perhaps there are not as many cases as society is led to believe. The article raises the issue of psychosocial problems as a cause of many of these problems, and I agree that it is a major issue in studies of affective disorders -- but is it a cause or an effect? I hope to see that more is being done in this area, because it is sorely needed. -Wendy E. Marsh

McCauley, E., Mitchell, J. R., Burke, P. M. & Moss, S. J. (1988). Cognitive attributes of depression in children and adolescents. Journal of Consulting and Clinical Psychology. 56(6) 903-908.

Three studies were performed on three different groups of children. In the first study depressive symptoms and attributional styles were assessed in a group of public school students ages 8-13 years. The study found that these children attributed bad events to internal, stable, global causes as measured by the children's version of the Attributional Styles Questionnaire (ASQ). The study also found that the mother's responses on the Beck Depression Inventory (BDI) and on the ASQ were the same. This indicated the possibility of a reinforced response style.

The second study analyzed the self esteem, attributional styles, cognitive functioning, performance expectancies, and social competency in relation to self reports of depressive symptoms in a group of children ages 6-14 enrolled in private school. The study found that these children reported lower self esteem, a greater depressive attributional style, lower performance expectations, and more impaired performance on the Block Design, Coding, and Digit Span subtests of the WISC-R. This group of children also had a negative view of their family interaction.

The third study focused on the relationship between depression,. suicidal ideation, and hopelessness among psychiatrically hospitalized preadolescents. The results from the Hopelessness Questionnaire indicated that a more hopeless stance was correlated with low self esteem, more symptoms of depression and suicidal intent.

The three studies evaluated the emotional attributes of children and adolescents well, however if the authors would have elaborated on the environmental attributes of depression in children and adolescents including

family and peer influences, they may have had a more complete picture of the cognitive attributes of depression. -Roger Davis

Pancoast, D.L., & Archer, R.P., (1988). MMPI adolescent norms: Patterns and trends across 4 decades. Journal of Personality Assessment. 52(4), 691-706.

This study reviews research that considers the Minnesota Multiphasic Personality Inventory as a means to obtain adolescent norms and considers the efficacy of this normative data across time. The authors question the use of the MMPI adult scales to evaluate adolescents, but reveals that the scale is one of the most common tools used to assess teens in clinical offices. The article stresses the need to update existing MMPI scales to accommodate the adolescent mind, while pointing out that research indicates the adult scales were used extensively for many years, without adapting the MMPI to extend some focus to adolescent characteristics. The authors compare Mark's adolescent norms with current adolescent norms and suggest that further normative tables need to be collected in order to keep the research current with the behaviors of modern day youth. While Marks et al, produced data that was highly typical of the youth at the time of the study, perhaps further elaboration is necessary to allow research to reflect the changes in our society within the last 15 years.

The issues addressed in this article are very timely and worthy of attention. In order to stay abreast of the ever changing needs of our youth, we need to make every effort to keep psychological standards as current as possible. Pancoast and Archer portray the existing research on adolescent norms in extensive detail. This sense of thoroughness leaves the doors of academia wide open to continued research. How can this well researched topic be readdressed in the future, in a way that will illuminate present documentation? The authors have set the stage by accentuating the differences between the adolescent and the adult. Atwater (1988) suggest that a large percentage of the population never attains what

Piaget referred to as, formal operational thought. Do the differences between adolescent and adult MMPI scores reflect upon the level of cognition displayed by patient/client who is administered these tests? If so, is there any correlation between adults who test poorly on the MMPI and subsequent adolescents? Or are these differences solely reflective of cultural norms, which dictate specified behaviors to each age group? -Elizabeth A. Walker

Saunders, E. B. & Awad, G. A. (1988). Assessment, management, and treatment planning for male adolescent sexual offenders. American Journal of Orthopsychiatry. 58(4), 571-579.

The Toronto Family Court Clinic Adolescent Sexual Study assessed or supervised the assessment of over 100 male offenders, 12-16 years of age. The males were referred by courts, police or probation officers. The offender characteristics were found to vary a great deal. Among these adolescents there were sexual offenders, juvenile delinquents, boys from abusive families, neglectful families and also socially isolated boys. The guidelines used for assessment were to first establish the nature of the offense. If this could be established it may be easier to understand what motivated that offense. In many cases the motivation for the offense remains unclear. The second guideline took into consideration a sexual history of the offender. A third guideline was the assessment of sexual preferences. The fourth and final guideline was a forensic consideration. The article considers the risk of recidivism. Within the first 12 to 21 months following a clinical assessment clinicians have found a very low rate of recidivism.

I found the article to be very detailed and concise in its information. Further consideration should be given in the area of phallometric testing. This testing may be appropriate for adults but I believe that it may be too severe for the younger adolescent. This is not to say that the problem should be taken more

lightly than the adults, but there are other ways in which adolescents may be dealt with. The article stated alternatives such as the isolation of the offender from the victim, which I feel may be a much more productive alternative. The adolescent sexual offender has a very real problem and it is one that our society must look at in depth in order to help these adolescents grow up and function as normal human beings. -Victor J. Michael

Weiss, B. & Weisz, J. R., (1988) Factor structure of self-reported depression: Clinic-referred children versus adolescents. Journal of Abnormal Psychology. 97, 492-495

This study was based on questionnaires from 8 mental health clinics in North Carolina. Researchers wanted to find out if there was a difference in depression in children, and adolescents. Conclusions were tabulated from 249 children and adolescents along with their parents. The Children's Depression Inventory (CDI_ tested children in a broad range of age groups: 8-11 years for children, 12-16 years for adolescents. The division coincides with the beginnings of concrete and formal operational thinking respectively. As a measure of correspondence, the parents were also given the Child Behavior Checklist (CBCL) questionnaires. These questionnaires correlated with CDIs. The developmental level influenced the relation between external behavior and depression. There was more aggression in adolescents than in children.

I thought that these tests were not as comprehensive as they should be. Just as much needs to be known about child and adolescent depression as is known about adult depression. The results were from only one part of the United States. The people questioned were 57% males and 87% white. Shouldn't a study be from different areas as well as from different races? Major differences were found only from 6 out of 26 questions. Children were not even asked if they contemplated suicide (adolescents were) for fear that they would start thinking

about it. If this one question were asked to the children as well as to the adolescents, perhaps the marginal gap would be even further narrowed. Maybe a question or several questions should take its place, such as, "Do you ever want to hurt yourself, such as burn yourself with hot water while taking a bath, or cut your fingernails until your fingers bleed?" There is not much that is known about childhood depression. These types of questions need to be asked. Adolescents need to communicate their unhappiness. It is possible that these groups are suicidal and just too depressed to know how to talk about it. This article cannot be considered conclusive. There are many children and adolescents who never are able to receive any kind of counseling. It is likely that community programs such as "neighborhood watch" could be turned into a way of watching out for children and adolescents and somehow letting parents know that their children tend to be sad. -Theresa M. Johnson

SEXUAL BEHAVIOR AND TEEN PREGNANCY

At this time in our society, the sexual behavior among adolescents as well as adults is of the utmost importance. Not only is the threat of pregnancy increased but the life threatening sexually transmitted diseases such as AIDS. More articles should present the race and class aspect more accurately as well as the mental and emotional factors involved with sexually active adolescents. The most prevalent theme within this section is the importance and prevalence of education about sex, pregnancy, contraception, and AIDS.

Brooks-Gunn, J. & Furstenberg, F.F. (1989). Adolescent sexual behavior, American Psychologist, 44(2), 249-257.

Due to the rise of adolescent pregnancy and childbearing in the United States, society has been concerned about adolescent sexual behavior. Initiation of sexual behavior is highly associated with actions by one's peer group, use of alcohol and drugs, and declines in school achievement and interest. Adolescents who tend to expect poor communication with their parents are found to be more likely to initiate sex early. Adolescents feel uncomfortable discussing sexual topics with their parents and in turn parents are uncomfortable when it comes to "SEX." Parents don't want to accept the fact that their kids are growing up and need to be sexually fulfilled also. They feel adolescents will learn in due time but often it is too late.

Misleading information about contraception and birth control facilities account for a large part in poor contraceptive use. Many adolescents don't use contraceptives because intercourse was not planned, they did not want to use contraceptives or contraceptives were not available. Poor contraceptive use can

be linked to the lower social class, infrequent intercourse, troubled relationship with parents, low educational achievement, low self-esteem, and alienation. Adolescents have little information about sexual knowledge and tend to incorporate knowledge on their own and through peers.

I think sexuality is one topic that is not discussed enough in our society. Adolescents need to know the facts so they will not have any misconceived notions about sex. I think parents lack knowledge about sex and contraception. They don't want to admit this fact to their children, so they don't discuss the topic at all. Parents really need to learn more about sex and contraceptives along with their children because sexually transmitted diseases (e.g. AIDS) have sky rocketed lately. Medical services and the media should work together to promote contraceptive advertising and alert adolescents of available birth control. A majority of parents support sex education in schools but don't realize that a sex education course does not guarantee adequate knowledge. This is where parents and family planning services step in to fill the empty gaps. Parents feel that sex education promotes early sexuality. I feel that sex education teaches adolescents to "be safe, not sorry!" Sex education at home and in schools does more good than harm. -Deborah Pitts

Franklin, D. L. (1988). Race, class, and adolescent pregnancy: An ecological analysis, American Journal of Orthopsychiatry, 58, 339- 354.

A comparison was made between white adolescents who become pregnant and black adolescents who become pregnant. It showed that both whites and blacks from higher socioeconomic classes participated in less sexual activity at earlier ages than did whites and blacks from low socioeconomic classes. One study concluded that sexual activity was significantly related to race and socioeconomic status. Blacks in low income situations tended to be more sexually active, while whites in low income situations tended to be more involved in drugs. A female coming

from a fatherless household with children born out of wedlock was given a higher probability of becoming pregnant before marriage than a female in a family with a man as the head of the household.

In 1983, 57% of all black families were headed by females. Some feel that the problem of adolescent pregnancy is becoming an epidemic one in the black community. Within the article it was hypothesized that slavery and the treatment of blacks in the past have contributed to this problem the community is experiencing now. Furthermore upon examination of the sociostructural level it appears that the lenient welfare policies may encourage unmarried black women who have children to continue to have more children. This may hold especially true for young women who have no education, or not enough education to get a job to effectively support her household and therefore sees public assistance as her only answer.

I feel the title of the article was not appropriately addressed within the content of the article. The article concentrates too much on the black community and does not expand enough into other races such as whites or hispanics. It also does not fully address income level differences in any detail other than the lower income brackets. Upon analysis of other research and articles which led the reader to believe that adolescent pregnancy is largely a problem of the black community, it was found that important factors were not taken under consideration. Problems not addressed include the likelihood that white adolescents or adolescents of higher socioeconomic status were more likely to abort, give the child up for adoption, or get married. Obviously studies based on the number of adolescent females with children depends heavily on whether or not they chose to keep those children. I am not trying to downplay the problem that we are experiencing in the black community, I am just stating that it is not <u>just</u> a problem of the black community. -Valerie Poole

Furstenberg, F. F. (1989). Teenaged pregnancy and childbearing, American Psychologist, 44, 313-319

This is a review of recent evidence on the changing patterns of childbearing among adolescents and the impact of premature parenthood on the life course of mothers and their children. The study is an ongoing longitudinal intergenerational study of 300 teen mothers and their children in the Baltimore area. The study used questionnaires and follow-up studies to obtain data on several issues concerning teen pregnancies.

The first issue discussed was the issue of the social problem that teenage pregnancy presents. In general pregnancy rates for sexually active adolescents have gradually declined since the early 70's but the proportion of pregnant teens who marry before childbirth has sharply decreased. Also, 40% of all teen pregnancies now end in abortion.

The second issue was the process of unplanned parenthood. The study revealed that most teens are not happy about the pregnancy. Usually the support of the family and the father of the child increases once the pregnancy is accepted.

The third issue was the male involvement in the pregnancy. The males felt that they were unprepared for marriage in most cases even though some fathers remained emotionally and financially involved with the child.

The fourth issue was the consequences of early childbearing on the young mothers and children. Teenage mothers are more likely to drop out of school and are less likely to find stable employment. Early childbearing is also a potent predictor of long term welfare dependency. The study indicated that over the long run, the effects of early childbearing were not quite as dramatic as they are sometimes portrayed. Teen mothers did not do as well as later child bearers, but most of them managed to stage a recovery in later life. Children of teen pregnancies are likely to grow up in disadvantaged neighborhoods, attend low

quality schools, and experience high rates of family instability. Children from these pregnancies are more likely to have problems in school and to have psychological problems.

The last issue discussed was the issue of policy and pregnancy prevention. The study indicated that the primary modes of prevention were delaying early sexual activity and improving contraceptive use among sexually active teens. Birth control often is not explicitly discussed by parents, in many schools and in the mass media, yet at the same time our society condones explicit sexual themes in advertising and the entertainment industry and mass media. Teens remained caught in these cultural and political cross-currents and they continue to be exposed to competing and conflicting messages about sex and birth control. This situation is likely to continue into the future.

This article was informative in some aspects, but it didn't give information as to what type of methods were used to do the study or sufficient information on the sample used. The authors said the sample was from Baltimore, but nothing was said about the characteristics of the sample, therefore the sample may not have been representative. I think the study was on the right track to imply the need of new preventive measures. The new programs mentioned should be helpful to combat some of the social problems associated with teen pregnancies. -Tammy Johnson

Melton, G. B. (1988). Adolescents and prevention of AIDS. Professional Psychology: Research and Practice. 19(4) 405-408.

A lack of knowledge about AIDS is a serious problem among adolescents. Some adolescents assume that they cannot become pregnant and girls who do not want to get pregnant will not. A survey was done in San Francisco, among high school students that showed adolescents had gotten information incorrectly about AIDS. There were 60% of the students who were aware that use of condoms reduces the of

AIDS, but the majority thought that AIDS could be transmitted through kissing. Only a few were aware that there is no cure for AIDS.

There are two problems that limit sex education, especially when AIDS is involved. First, knowledge about sex should be more detailed and should give precise information about the increased risk of AIDS, the proper use and purpose of condoms, and decision making. Secondly when adolescents discuss sex, their peers have more influence on them, therefore it may be helpful to involve peers in sex education programs. There are also IV drug users, which are very difficult to challenge among adolescents. Although there are only 0.2% of high school students that have reported using heroin ten or more times, the frequency of use begins in the early twenties. By the time they have become addictive users, it is almost too late to reach them because they are using other drugs as well and have lost their sense of value. Research is needed desperately, but there is little being done. AIDS is a life and death situation, and society must invest in research on AIDS. Research should be done in four broad areas such as: developing a sexual identity, social influence, social influence among youth of different ages, preventing AIDS among groups of adolescents, the behavior of drug users, and AIDS in general.

The significance of this article is that knowledge about AIDS and how you get it is very vague among adolescents. Investments should definitely be made so that research can be done; as of now, the only cure for AIDS is to stop one's actions that may cause AIDS. -Tresselyn Yvonne Douglas

SUBSTANCE ABUSE

The articles in this section deal directly and effectively with the problem of drugs and alcohol among adolescents. They seem to follow the same pattern as does Atwater (1988) which includes peer pressure, family history, family support, and the use of illicit drugs. It appears that the pattern of adolescent involvement with substances should be broken and this apparently can be done with help from a positive environment at the start of an individuals life.

Barrett, M., Simpson, D., Swayne, B. & Lehman, W. E. (1988). Behavioral changes of adolescents in drug abuse intervention programs. Journal of Clinical Psychology. 44(3), 461-473.

The purpose of this study was to look at the factors concerning the short-term reduction of problem behavior in a sample of Mexican-American youth who entered drug abuse intervention programs. A comprehensive data collection system was used which included a) background and social functioning data at the time of admission to drug abuse prevention centers, b) services and performance records during the program, and c) termination information for each client. The sample under study consisted of 326 individuals from four programs with comparably similar demographics(low socioeconomic, Mexican-American neighborhoods). Of this sample, 72% were male, 75% were between 13 and 16 years of age. 56% lived with both parents, 32% with their mothers only. These individuals entered the program in various ways; courts, police, or legal sources (33%), family (18%), schools (12%). friends (10%), and self (15%). 78% were actively enrolled in school. Drug use among the sample included 40% inhalant experience, 68% marijuana, 20% stimulants, 17% depressants, 18% hallucinogens. and 15% cocaine. Some of the variables measured included "family support", "parental control", "peer

delinquency", "drug use by peers", and "self esteem". Emphasis was on the single group instead of males and females for the reason of the only noticeable difference between the two was that females had fewer alcohol problems at intake.

The results that were found did imply that the exploration of methods in regards to intervention programs should be carried out in the following areas: a) strengthening family involvement and support for their clients, b) increasing contact and exposure with positive peer influences, and c) enhancing program operations for maximizing client motivation and commitment to the therapeutic setting. The results were consistent with previous studies.

This study pointed out the importance of family, friends, and religion as a prescription for a "straight" adolescent. While these things are important; they are also often impossible to implement or control. I believe in the power of the self; you cannot help someone if they do not see the need; you can't tell someone where to go if they can't see where they are. Self awareness, awareness of one's environment, and the ability for self direction by recognizing when enough is enough are the necessary knowledge for survival anywhere. I feel efforts in this approach could be more successful. -Tim Peyton

Chipperfield, B., & Vogel-Sprott, M., (1988). Family history of problem drinking among young male social drinkers: Modeling effects on alcohol consumption, Journal of Abnormal Psychology, 97, 423-428

This was a study that tested the effect of social drinking models on the drinking behavior of males 19 to 21 years old with a family history of drinking, (FH+), and without a family history of drinking (FH-). The experiment contained 50 people (24 FH+ and 26 FH-) whose drinking habits were the same. Measurements of the amount of alcohol drunk and the results of the blood alcohol content indicated that there was a strong relationship between family history and the model treatment. The drinkers whose family had a history of alcoholism

conformed to the model (FH+). For the family members without a history (FH-) there was no significant effect to the modeling. This demonstrates that social drinking models may have an important influence on the drinking behavior of males with a family history of problem drinkers (FH+).

This subject was very interesting in that it provided a very thorough investigation on the effect modeling can have on the amount of alcohol young male social drinkers can consume also taking into consideration the males family history of problem drinking. I also thought this was an interesting article because it shed light on why most young males drink, since they are the ones who most of the time start drinking at such early ages. With all the information the author has gathered, I would say that the environment may have an effect on male drinking patterns. However, there are other areas that also need investigating including the modeling effect on females 19 to 21 with the variables of a family with a drinking history (FH+) and families without a drinking history (FH-). The modeling effect also could be used to see if people will conform to it at a later age such as 25 to 28. As the author stated, this research identifies a promising direction on the start of why people abuse drugs and the development of prevention programs.

-Julie May

Newcomb, M. D. & Bentler, P. M. (1989). Substance use and abuse among children and teenagers. American Psychologists. 44(2), 242-248.

Problems of substance use and abuse exist among children and adolescents. The distinction between substance use and abuse is a rather difficult problem for experts to make. However, the review declares for substance abuse to include forms of negative reactions and critical outcomes to an individual, others, and property. Some examples of abuse were cited as consuming large quantities of a substance over an extended period of time, poor health, incarceration, fainting, causing an accident, fighting, impaired relationships, being high or stoned,

regular use by a child, and using lethal drugs such as crack and phencyclidine (PCP) that can take an individuals life in a short period of time. While "use" is obviously the antecedent for abuse, use also emerges from an individual's local environment beginning with the smoking of cigarettes and consumption of alcohol. Surveys show that 92% of high school seniors had some experience with alcohol and one fifth of seniors were daily smokers. Illicit drugs were the next stage with marijuana being the primary and was used by 24% of teenagers. The desire for cocaine has declined because of the increasing risk factors. Licit drugs are the antecedents for illicit drugs. There should thus be a focus on this correlation and efforts should be turned toward a more efficient method of controlling and monitoring the selling of alcohol and cigarettes.

This article reviewed subjects that we all are familiar with and can relate to. Atwater (1988) discusses how children and adolescents change through various stages of development at different ages. These different stages of development are accompanied by experimentation, exploration, and curiosity. This is a time when we as adults should make the effort to build up a child's confidence and social competence so that they can learn to stand tall and not be influenced by the corruption of drugs. I do believe that cigarettes and alcohol are the first drugs used by adolescents and we know that they can be addicted to them. That is why the adult population should serve as a model in trying to delay the onset of regular use of cigarettes and alcohol. The best time to help someone is before they become addicted to a drug. Adolescents will always be with us and the same goes for drugs. That is why treatment must always be available. -Tommy D. Coke

SUICIDE

As stated in many of the articles, suicide is the second leading cause of death among adolescents in the United States. The articles within this section attempt to determine ways in which suicide can be detected or prevented. Causes and comparisons of suicide victims are difficult to make because every individual reacts in a different manner to different events. Also the successful suicide victims leave only a puzzle full of missing pieces for others to decipher.

Brent, D.A., Perper, J.A., Goldstein, C.E., Kolko, D.J.. (1988). Risk factors for adolescent suicide: A comparison of adolescent suicide victims with suicidal inpatients. Archives of General Psychiatry. 45(6), 581-588.

Suicide, the second leading cause of death among youth, has become a major health problem in the United States. In order to lower the rate of suicide for future years, the characteristics of youth who attempt or do commit suicide must be identified and dealt with accordingly. A study to identify these characteristics was conducted where adolescent suicide victims were compared with suicidal inpatients. Interviews were conducted with parents and peers of suicide victims and with attempters to reconstruct their social life, family background, and their psychiatric and medical characteristics. When comparing suicide completers with suicidal inpatients it was found that there were many similarities between the two groups.

Adolescents from both groups were diagnosed as having at least one affective disorder such as depression, substance abuse, attention deficit disorder, or conduct disorder. Both had a family history of psychiatric disorders, and significant exposure to suicidability through family members, television, and

other types of media. Completers of suicide seemed to have a greater suicidal intent, less previous mental treatment, and greater availability to firearms. The most common methods used by successors were firearms, hanging, jumping, and carbon monoxide poisoning. Methods used by attempters were overdose and wrist cutting.

This study demonstrated the fact that suicidal inpatients are at highest risks for completing suicide because of their close resemblance to those adolescents who have succeeded. The problem I found was the fact that the information which was provided was from suicidal inpatients and secondary sources of those who had actually committed suicide so information wasn't balanced and that of inpatients was probably more accurate than that of completers. As stated in the text, suicide is a serious threat. Increasing awareness and detection is probably one of the best methods of prevention as well as reducing intent and treating affective disorders. -Cristi Rebuelta

Kessler, R. C., Downey, G., Milavasky, M. J., Stipp, H. (1988). Clustering of teenage suicides after television news stories about suicides: A reconsideration. American Journal of Psychiatry. 145 (11), 1379-1383.

A recent study suggested that there had been an increase in suicides by teens following news stories on suicide during the 1973-1979 period. They attributed the increase to imitation. This study attempted to expand and re-evaluate the data obtained by the first study. Using the same age criteria and the same sources of data plus some sources not available for the first study, the authors expanded the time period and recalculated correlation between teen suicide and news coverage. The study covered 1973-1984 and uncovered additional news stories. The residual effect and double exposure to stories were accounted for. Teen exposure to the stories was projected by the A. C. Neilson Co. The studies of the suicide were conducted by the type of suicide.

The second study showed that the increase in teenage suicides following news broadcasts during the period, but it was not as significant as originally reported. The trend reversed itself beginning in 1981 even though the total number of stories increased. Stories about youth suicide and stories watched by more teens did not increase the suicide rate. Stories about celebrity suicide did show a slight impact on residual suicides. The most likely explanation for the reversal is the change in perception of suicide by teens.

The findings of the study is that the news media seems to make clusterings seem much more prevalent than they actually are. Finding the specific motivator of suicide is very difficult because different youth react in different ways to the same information. Teens who would be considered at risk to imitate suicide may exhibit certain characteristics that would make them more prone to imitate, especially in the case of celebrity suicides. Young people are also exposed to reports of suicide on the radio, in newspapers, and on television specials that were not considered in either study. The second study was much more accurate in my opinion and explained the reasons for the apparent increases after news stories, but I think there are other factors that need further consideration. Peer and family reaction to stories may also be important. I agree that the apparent change in trend may be due in part to a more realistic view of suicide by teens, but if that is the case, what caused the change? -Terri Page

Rubenstein, J.L., Heeren, T., Housman, D., Rubin, C., & Stechler, G. (1989). Suicidal behavior in "normal" adolescents: Risk and protective factors, American Journal of Orthopsychiatry, 59, 59-71.

Most studies of risk factors for suicidal behavior have been performed on patient populations. This study is different in that it was conducted on 300 public high school students along with only 25 adolescents in a psychiatric hospital. All of the subjects were middle-class families, with the age range of

13 to 19 years. Two thirds of each group were females. Five classes of variables were assessed: suicidality, psychological functioning indices (BDI, BHI), psychosocial variables, interpersonal variables, and demographics. The effects of stress and protective factors were shown. Finally computed expected probabilities of suicidality in those adolescents previously unidentified as at-risk were computed.

The topic of this study is a very contemporary issue of concern for those of us interested in the mental health and well-being of our young people. It seems that a more valuable study would take into account these additional considerations: a more balanced ratio of male/female subjects, inclusion of younger adolescents aged 11 and 12 (puberty begins earlier than 13 and preteens also are so prone to identification and/or modeling behavior), a wider range of socioeconomic class distribution, and inclusion of students in a private school (which would generally prove to be a smaller and more competitive setting). It would also be of interest to differentiate the students' personality types, i.e. whether shy and introverted or friendly and outgoing. With the knowledge of findings such as these, we will be more apt to intervene in time to save our youth.

-Trisha W. Dietrich

Spirito, A., Faust, D., Myers, B., & Bechtel, D. (1988). Clinical utility of the MMPI in the evaluation of adolescent suicide attempters. Journal of Personality Assessment. 52(2), 204-211.

Suicide is not only the second leading cause of death among adolescents in the United States, but there are 50 to 100 estimated unsuccessful attempts for each suicide annually. With these rather alarming figures, the article's authors present a disturbing and an annoying report on the use of the MMPI to determine how likely an adolescent is to commit suicide. The report limits itself rather severely: only post-attempt females (even though males try suicide, too), and the

racial distribution was 17 white to 3 blacks in the main group (18 to 2 in the comparison group) rather than an even split, and with no regard for other races. The researchers used the MANOVA test which was insignificant. They also pointed out that the tests may have been administered too soon after the suicide attempt. These findings, even with all these flaws, are that no single MMPI profile can discriminate a female adolescent suicide attempter from non-attempter. The only criticism is the number of the patients tested. Further tests would seem in order such as testing several males of equally distributed races for example.

-Kenny Waters

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